

Osakis Public School
Osakis, MN
APPLICATION FOR EMPLOYMENT - BUS DRIVER

Date of Application _____

Name _____

Mailing Address _____ City, State, Zip Code _____

Telephone Number (home) _____ (work) _____ Social Security No. _____

Are you a U.S. Citizen? _____ Yes _____ No Are you a Veteran? _____ Yes _____ No

Would you like to be placed on the list to be considered for substitute work if there are no vacancies in your area? _____ Yes _____ No

PRESENT EMPLOYMENT: If you are presently employed, please complete the following:

Employer _____ Address _____

Name and Title of Immediate Supervisor _____

Position _____ Brief Description of your Duties _____

How long have you been employed with this company/business? _____ Present Salary _____

May we contact your present employer? _____ Yes _____ No If not, please explain _____

When are you available for employment? _____

PRIOR EMPLOYMENT: List previous work experience in order, beginning with the most recent, other than present job, which is described above.

Date From	Date To	Name and Address of Employer	Supervisor and Telephone No.	Position and Duties	Salary	Reason for Leaving

EDUCATIONAL BACKGROUND:

School and Location	Major Subject	Did you Graduate?	Degree Earned

An Equal Opportunity Employer

REFERENCES: List those who can speak of your qualifications for this position. Former employers, supervisors, etc., would be helpful. Names need not correlate with those on the reference forms. Do not include more than one personal reference.

Name	Address	Telephone	Relationship to You

DRIVERS LICENSE NUMBER: _____

Driving Violations: Have you had any driving violations in the last five years? If so, what were they?

Would you be willing to take the training required to be an Osakis Bus Driver? _____

List any medical impediments:

*Before you can take your written test for a bus drivers license, it is necessary for you to have a physical examination. The physical exam forms are available in the superintendent's office.

Other comments you wish to add in support of your application for this position: _____

Applicant Signature

Date

Any person who, with intent to defraud, receives worker's compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to section 609.52, subdivision 3.